Application or Docket Number

10791820

Effective October 1, 2003									η Ο , ι	- ,.		
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER TYPE OR SMALL I				
∥ 1	OTAL CLAIM	1 15	15				RATE	FEE	7	RATE	FEE	
F	OR	NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00	
Ti	OTAL CHARGE	EABLE CLAIMS	15 mi	15 minus 20=		* ø		X\$ 9=		OR	X\$18=	
IN	DEPENDENT (CLAIMS	5 · m	5 minus 3 =		* 2/		X43=		OR	X86=	172
MULTIPLE DEPENDENT CLAIM PRESENT								. +145=		OR	+290=	
* (f the differenc	"0" in	column 2	. L	TOTAL		OR	TOTAL	942			
		T nn 2)	(Column 3)	•	SMALL I	ENTITY	OR		OTHER THAN SMALL ENTITY			
ENT A		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	EST: BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	. ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		<u>-</u>		X43=		OR	X86=	
	FIRST PRESI	ENTATION OF M	ULTIPLE DEF	PENDENT	CLAIM			+145=		OR	+290=	
			L.	TOTAL DDIT. FEE		4 4	TOTAL ADDIT. FEE					
		(Column 1)	·	(Colum		(Column 3)	ı					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		z		X\$ 9=		OR	X\$18=	
AME	Independent	<u> </u> *	Minus	***		=		X43=		OR	X86=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEP	ENDENT	CLAIM			+145=		OR	+290=	
٠							AD.	TOTAL DIT. FEE		OR ,	TOTAL ADDIT. FEE	
		(Column 1)		(Columi	n 2)	(Column 3)						
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOL PAID FO	ST ER JSLY	PRESENT EXTRA	f		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
	Total .	*	Minus	## ·		×	;	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	-	X43=		OR	X86=	
1	FIRST PRESE	NTATION OF MU	LTIPLE DEPI	ENDENT C	CLAIM		-					
• 16 •	he entry in colum	in 1 is loss than the	entry in chlum	nn 2 write "C	" in colu	ımn 3.		145=		OR L	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20," ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		nber Previously Pai Der Previously Paid					found i	in the appro	priate box	in colur	na 1.	